

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND. DEP.
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TOTAL IND.		↓		↓		↓		TOTAL IND.	7	↓
TOTAL DEP.		←		←		←		TOTAL DEP.	142	←
TOTAL CLAIMS								TOTAL CLAIMS	149	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS